



PROGRAM REGISTRATION

Participant Name: _____ Circle one: M F

Address: _____

City: _____ **Zip:** _____

Telephone: Day: _____ **Evening:** _____

E-mail: _____

Please Check one: ☐ Over 18 years old ☐ Under 18, what age: _____

Parent/Leader Name: _____

I PLAN TO ATTEND THESE PROGRAMS:

	DATE	PROGRAM	TIME	AGE	COST
<input type="checkbox"/>	January 13	Youth Volunteer Day	9-11 AM	Ages 8-15	Free
<input type="checkbox"/>	January 13	Youth Volunteer Day	1-3 PM	Ages 8-15	Free
<input type="checkbox"/>	March 9th	Go In-Seine!	3:30-4:30 PM	Grade 6-8	\$ 2
<input type="checkbox"/>	March 17	Youth Volunteer Day	9-11 AM	Ages 8-15	Free
<input type="checkbox"/>	March 17	Youth Volunteer Day	1-3 PM	Ages 8-15	Free
<input type="checkbox"/>	March 23	Who's Clues?	3:30-4:30 PM	Grade 2-3	\$ 2
<input type="checkbox"/>	March 30	Water Ya Know?	3:30-4:30 PM	Grade 4-5	\$ 2

REGISTRATION COMPLETION:

Program Fee Totals _____. Make check payable to the **WATER Center**.

**Mail Registration and Fees to: PROGRAMS, WATER Center,
101 E. Pawnee, Wichita, KS 67211
Or Fax: 316-337-9266**